

Family Primary Contact

Tribal Enrollment Number	
First Name	
Last Name	
Birth Date	
Street Address	
City	
State	
Zip	
Community	
Cell Phone (for txt msgs)	
Email Address	

Who will be designated to be Head of Household/Check Payee for this Application?

Who Is Filling Out Information

I am: (Circle One)

Self - Head of Household	Parent	Grandparent	Legal Guardian
Protective Payee Program Employee	Child Service Agency Employee	Foster Parent	
Shelter Home Employee	Homeless Shelter Employee	Other	

Applicant lives: (Circle One)

On Reserv.	Off Reserv.	Assisted Living Facility
Senior Living Center	Incarcerated	Other

- ☐ | Is applicant an enrolled member of the Rosebud Sioux Tribe?
- ☐ | Does anyone currently have a power of attorney (POA) over applicant's financial affairs?
- ☐ | Does applicant have child(ren) who are enrolled members of the Rosebud Sioux Tribe?
- ☐ | Does applicant have legal custody of the child(ren) that you are applying for?

If answer to the previous is "no", then who does have legal custody of the child(ren)? (Circle One)

I have Custody	Other Parent	Other Relative
Child Services Agency	Foster Parent	Other

Applicant represents that all above statements are true and complete. Applicant hereby authorizes verification of above information, documentation, and applicant releases from all liability or responsibility all persons and entities for supplying such information. Applicant acknowledges that false information may constitute grounds for rejection of this application.

I have read and agreed to the provisions as stated: _____ **Date:** _____

Navigator/Helper Signature: _____ **Date:** _____

Head of Household:

Tribe Enrollment ID	
First Name	
Middle Name	
Last Name	
Birth Date	
Marital Status	
Resident Status	
Residential Address	
Residential City	
Residential State	
Residential Zip	
Check Mailing Address	
Check Mailing City	
Check Mailing State	
Check Mailing Zip	
Community	
Phone Primary	
Email Primary	
Occupation	
Place of Employment	

Notes:

Household Member:

Relationship to Household Head	
Tribe Enrollment Id	
Title	
First Name	
Middle Name	
Last Name	
Suffix	
Maiden Name	
Nickname	
Birth Date	
Gender	
Attending School	
Current Grade	

Notes: